## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

/ D 7 22 26 0

| _   |  |   |  |                                   |                         |                                   |       |                                       |  |              |                            |  |  |
|---|--|---|--|-----------------------------------|-------------------------|-----------------------------------|-------|---------------------------------------|--|--------------|----------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |  |                                   |                         |                                   |       | SMALL ENTITY TYPE                     |  |              | OTHER THAN OR SMALL ENTITY |  |  |
| TOTAL CLAIMS  |  |   | 10   |                                   |                         |                                   | ŀ     | RATE                                  | FEE  | 7            | RATE                       | FEE  |  |
| FOR   |  |   | NUMBER FILED                                   |                                   | NUMBER EXTRA            |                                   |       | BASIC FEE                             | 385.00   | OR           | BASIC FEE                  | 770.00   |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | // minus 20=                                   |                                   | * Q                     |                                   |       | X\$ 9=                                |  | OR           | X\$18=                     | 1  |  |
| INDEPENDENT CLAIMS  |  |   | <del>                                   </del> | inus 3 =                          | * /                     | * 1                               |       | X43=                                  | ├─   | 1            | X86=                       | <del>                                     </del> |  |
| ML  | JLTIPLE DEPEN                                  | NDENT CLAIM P                             | <u>.                                    </u>   |                                   | <u></u>                 | $\neg \neg$                       |       | A-0-                                  | <del>                                     </del> | OR           | ∧00-                       | <del>                                     </del> |  |
|   |  | No estimation                             | Jacobban para antis "O" in column O            |                                   |                         |                                   | +145= |                                       | OR   | +290=        | 1                          |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                                   |                         |                                   | TOTAL |                                       | OR   | TOTAL        | 20                         |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2  |  |   |  |                                   |                         | (Column 2)                        |       | SMALL                                 | FNTITY   | OR           | OTHER<br>SMALL             |  |  |
|   |  | (Column 1)                                |  | 1                                 |                         | (Column 3)                        | 13)   | · · · · · · · · · · · · · · · · · · · |  | - ` '        |                            |  |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY            | PRESENT<br>EXTRA                  |       | RATE                                  | ADDI-<br>TIONAL<br>FEE                           |              | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | *   | Minus  | **                                |                         | =                                 |       | X\$ 9=                                |  | OR           | X\$18=                     |  |  |
| AME   | Independent                                    | *   | Minus  | ***                               |                         | =                                 |       | X43=                                  |  | OR           | X86=                       |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |  | CLAIM                             |                         | <sup> </sup>                      | +145= |                                       |  | +290=        |                            |  |  |
|   |  |   |  |                                   |                         |                                   | l     | T 170-                                | İ  | OR           | 7200-                      |  |  |
|   |  |   |  |                                   |                         |                                   |       | TOTAL<br>ADDIT. FEE                   |  | OR ,         | TOTAL<br>ADDIT. FEE        |  |  |
|   |  | ٠ _                                       |  |                                   |                         |                                   |       |                                       |  |              |                            |  |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY            | PRESENT<br>EXTRA                  |       | RATE                                  | ADDI-<br>TIONAL<br>FEE                           |              | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
| NDM   | Total  | *   | Minus  | **                                |                         | =                                 |       | X\$ 9=                                |  | OR           | X\$18=                     | :  |  |
| \ME   | Independent                                    | *   | Minus  | ***                               |                         | =                                 |       | X43=                                  |  | OR           | X86=                       |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |                         |                                   | ╏┠    |                                       |  | ``` <b> </b> |                            |  |  |
|   |  |   |  |                                   |                         |                                   |       | +145=                                 |  | OR           | +290=                      |  |  |
|   |  |   |  |                                   |                         |                                   |       | TOTAL<br>ADDIT. FEE                   |  | OR ,         | TOTAL<br>ADDIT. FEE        |  |  |
|   |  | (Column 1)                                |  |                                   |                         |                                   |       |                                       |  |              |                            |  |  |
| •   | `  | CLAIMS                                    |  | (Colum                            |                         | (Column 3)                        | _     | <del></del>                           |  | f            | <del></del>                |  |  |
| <b>\$</b>   | ·  | REMAINING                                 |  | NUMB                              | BER .                   | PRESENT                           |       | RATE                                  | ADDI-<br>TIONAL<br>FEE                           |              |                            | ADDI-  |  |
|   |  | AFTER<br>AMENDMENT                        |  | PREVIO<br>PAID F                  |                         | EXTRA                             |       |                                       |  |              | RATE                       | TIONAL<br>FEE                                    |  |
|   | Total  | *   | Minus  | **                                |                         | =                                 |       | X\$ 9=                                |  | OR           | X\$18=                     |  |  |
|   | Independent                                    | *   | Minus  | ***                               |                         | =                                 |       | X43=                                  |  | OR           | X86=                       |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |                         |                                   | F     |                                       |  | OH F         | <del></del>                |  |  |
|   |  |   |  |                                   |                         |                                   |       | +145=                                 |  | OR           | +290=                      |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, nter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |  |                                   |                         |                                   |       |                                       |  | OR A         | TOTAL<br>DDIT. FEE         |  |  |
| !<br>T  | rtne "Highest Nur<br>"he "Highest Num          | mber Previously Pa<br>ber Previously Paid | ia For IN THIS<br>I For" (Total or             | SPACE is<br>Independe             | less than<br>nt) is the | n 3, enter "3."<br>highest number |       | _                                     | ropriate box                                     |              |                            |  |  |